

TITLE SEARCH

All requests for title records must be submitted on form DO-22A. One record search per form. This form may be photocopied for your convenience. No other form of request will be accepted. Proper fee must accompany request form. Make check or money order (**DO NOT SEND CASH**) payable to the New Jersey Motor Vehicle Commission.

**ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO OBTAIN INFORMATION
(PLEASE PRINT CLEARLY)**

Requester Name: _____ Phone Number: _____
Business Name (if applicable): _____ Your Claim or File #: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
REQUESTER DRIVER LICENSE NUMBER: _____
(PHOTOCOPY OF CURRENT DRIVER LICENSE MUST BE INCLUDED)

I am requesting title information on: (CHECK ONE) ☐ MY OWN RECORD ☐ ANOTHER'S RECORD

Year: _____ Make: _____

Vehicle/Hull Identification Number (VIN/HIN): _____

This request is being made for the following reason(s): (Indicate number of appropriate use from Page 2) ☐
Explain in detail your reason for requesting the information and how you plan to use the information. Attach any supporting documentation.

If involving a lawsuit, please state your relationship to the case and type of lawsuit involved:

FEE: \$15 per record search

The disclosure and use of the personal information (1) contained in the record you have requested is governed by the "Drivers' Privacy Protection Act", N.J.S.A. 39:2-3.3 et seq. The "Drivers' Privacy Protection Act" provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney's fees and litigation costs.

- (1) "Personal Information" means information that identifies an individual, including an individual's photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status.

You may either print the form on both sides of a single sheet or print and attach the two separate sheets.
Both pages 1 and 2 must be completed and submitted for your request to be considered.

REQUESTER'S PRINTED NAME AND SIGNATURE ARE REQUIRED ON NEXT PAGE.

Requester's Name: _____
PRINT NAME

USES PERMITTED AS SET FORTH IN N.J.S.A. 39:2-3.4(c)

1. For use in connection with matters of motor vehicle or driver safety and theft: motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and the removal of non-owner records from the original owner records of motor vehicle manufacturers.
2. For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only:
 - a. to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and
 - b. if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt of security interest against the individual.
3. For use in connection with any civil, criminal, administrative or arbitral proceeding in any federal, state or local court or agency or before any self-regulatory body, including service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state or local court.
4. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
5. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.
6. For use in providing notice to the owners of towed or impounded vehicles.
7. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the "Commercial Motor Vehicle Safety Act," 49 U.S.C. App. § 2710 et seq.
8. For use in connection with the operation of private toll transportation facilities.
9. For use by any requester, if the requestor demonstrates it has obtained the notarized written consent of the individual to whom the information pertains. Must attach Notarized Authorization To Release Personal Motor Vehicle Information form DO-21A.

I certify that I will use any personal information contained in the record(s) I have requested only as permitted by the "Drivers' Privacy Protection Act", N.J.S.A. 39:2-3.4(c). I further certify that all the foregoing statements are true to the best of my knowledge. I understand that if any of the statements are willfully false, I am subject to punishment.

Date: _____

SIGNATURE OF REQUESTER

(Original Signature Only - Signature Stamps Are Unacceptable)